

FORM  
5A

Rev  
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

2568868

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10132

4. Contact Name: DAVID JENSEN

2. Name of Operator: GENESIS GAS & OIL LLC

Phone: (816) 222-7500

3. Address: 1701 WALNUT STREET - 4TH FL

Fax: (816) 222-7501

City: KANSAS CITY State: MO Zip: 64108

5. API Number 05-103-10888-00

6. County: RIO BLANCO

7. Well Name: FLETCHER GULCH

Well Number: 3-31

8. Location: QtrQtr: NWSW Section: 3 Township: 1N Range: 100W Meridian: 6

9. Field Name: FLETCHER GULCH Field Code: 24062

Completed Interval

FORMATION: WILLIAMS FORK

Status: PRODUCING

Treatment Date: 09/11/2008

Date of First Production this formation: 10/03/2008

Perforations Top: 2026 Bottom: 2446 No. Holes: 183 Hole size: 44/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

N2 FOAM FRAC WITH 133174# 20/40 SAND

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/12/2008 Hours: 24 Bbls oil: 0 Mcf Gas: 70 Bbls H2O: 264

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 70 Bbls H2O: 264 GOR:

Test Method: PUMPING Casing PSI: 43 Tubing PSI: Choke Size: 1/2

Gas Disposition: VENTED Gas Type: WET BTU Gas: 842 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 2548 Tbg setting date: 10/02/2008 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: DAVID B JENSEN

Title: CHIEF OPERATING OFFICER Date: 8/8/2011 Email: DJENSEN@GENESISGO.COM

### Attachment Check List

Att Doc Num	Name
2568868	FORM 5A SUBMITTED
2568869	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)